

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Takeover Super PAC

ADDRESS (number and street)

50 Culpeper Street

☐ Check if different than previously reported. (ACC)

Warrenton

VA

20186

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00555508

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tom Freiling

Signature of Treasurer

Tom Freiling

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 13 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Takeover Super PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		
(b) Cash on Hand at Beginning of Reporting Period.....		
(c) Total Receipts (from Line 19)	14983	14983
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14983	14983
7. Total Disbursements (from Line 31)	14469.44	14469.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	513.56	513.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Takeover Super PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized 4983

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ► 4983

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ► 4983

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received 10000

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)) ► 14983

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ► 14983

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	14469.44	14469.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14469.44	14469.44
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14469.44	14469.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14469.44	14469.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4983	4983
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4983	4983
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	14469.44	14469.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	14469.44	14469.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. World Net Daily

Mailing Address 14501 George Carter Way

City State Zip Code
 Chantilly VA 20151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 10 2014

Transaction ID : SA13-LN1

Amount of Each Receipt this Period

10000

Loan

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Tom Freiling

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
contractor fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 02 12 2014

Transaction ID : SB21b-EX32

Amount of Each Disbursement this Period

3000.00

contractor fee

Full Name (Last, First, Middle Initial)

B. Tom Freiling

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 02 13 2014

Transaction ID : SB21b-EX33

Amount of Each Disbursement this Period

638.00

travel

Full Name (Last, First, Middle Initial)

C. Tom Freiling

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 02 19 2014

Transaction ID : SB21b-EX36

Amount of Each Disbursement this Period

158.08

travel

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3796.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Tom Freiling

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
contractor fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 19 2014
Transaction ID : SB21b-EX44

Amount of Each Disbursement this Period

1000.00

contractor fee

Full Name (Last, First, Middle Initial)

B. Tom Freiling

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
contractor fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 28 2014
Transaction ID : SB21b-EX53

Amount of Each Disbursement this Period

1000.00

contractor fee

Full Name (Last, First, Middle Initial)

C. TrailblazerMailing Address 602 Mendelssohn Avenue North
Suite 186

City Golden Valley State MN Zip Code 55427

Purpose of Disbursement
database software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 18 2014
Transaction ID : SB21b-EX35

Amount of Each Disbursement this Period

1500.00

database software

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Sullivan & AssociatesMailing Address 601 Pennsylvania Avenue
Suite 900

City Washington State DC Zip Code 20004

Purpose of Disbursement
legal fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
02 20 2014**Transaction ID : SB21b-EX38**

Amount of Each Disbursement this Period

1600.00

legal fee

Full Name (Last, First, Middle Initial)

B. Fairfax Technologies

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
web design fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
02 25 2014**Transaction ID : SB21b-EX39**

Amount of Each Disbursement this Period

558.00

web design fee

Full Name (Last, First, Middle Initial)

C. Christyn Taylor

Mailing Address 214 Varsity Circle

City Altamonte Springs State FL Zip Code 32714

Purpose of Disbursement
contractor fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
02 28 2014**Transaction ID : SB21b-EX40**

Amount of Each Disbursement this Period

270.75

contractor fee

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2428.75

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Christyn Taylor

Mailing Address 214 Varsity Circle

City	State	Zip Code
Altamonte Springs	FL	32714

Purpose of Disbursement
contractor fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SB21b-EX48

Amount of Each Disbursement this Period

1083.00

contractor fee

Full Name (Last, First, Middle Initial)

B. Media 317

Mailing Address 23 Elmwood Ct.

City	State	Zip Code
Fortson	GA	31808

Purpose of Disbursement
web design fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : SB21b-EX41

Amount of Each Disbursement this Period

1609.49

web design fee

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S. Wacker Drive

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement
travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : SB21b-EX42

Amount of Each Disbursement this Period

377.00

travel

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3069.49

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Office Max

Mailing Address 263 Shuman Blvd.

City Naperville State IL Zip Code 60563

Purpose of Disbursement
office supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 24 2014
Transaction ID : SB21b-EX46

Amount of Each Disbursement this Period

288.29

office supplies

Full Name (Last, First, Middle Initial)

B. Hotel Indigo

Mailing Address 127 W. 28th St.

City New York State NY Zip Code 10001

Purpose of Disbursement
travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 28 2014
Transaction ID : SB21b-EX54

Amount of Each Disbursement this Period

94.00

travel

Full Name (Last, First, Middle Initial)

C. Envelopes.com

Mailing Address 5300 New Horizons Blvd

City Amityville State NY Zip Code 11701

Purpose of Disbursement
office supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 28 2014
Transaction ID : SB21b-EX55

Amount of Each Disbursement this Period

212.15

office supplies

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

594.44

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Takeover Super PAC

A. Debbie Lewis

Date of Disbursement

Transaction ID : SB21b-EX56

00:

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

429.14

contractor fee

B.

Date of Disbursement

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

C.

Date of Disbursement

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

A schematic diagram of a multi-layered material structure. It consists of several horizontal layers. The top layer is labeled 'A'. Below it are two thin layers labeled 'B' and 'C'. Then comes a thicker layer labeled 'D'. This is followed by another thin layer labeled 'E'. Below 'E' is a layer labeled 'F' which contains three small rectangular features or voids. At the bottom is a thick layer labeled 'G'. To the right of the main structure, there is a vertical section labeled 'H' and a small feature at the very bottom right labeled 'I'.

SUBTOTAL of Disbursements This Page (optional).....

429.14

TOTAL This Period (last page this line number only).....

13817.90

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 14

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1

Takeover Super PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

World Net Daily

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address 14501 George Carter Way

City Chantilly

State VA

ZIP Code 20151

Original Amount of Loan

10000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

MM / DD / YY
02 / 10 / 2014

Date Due

MM / DD / YY
12 / 31 / 2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Takeover Super PAC		Transaction ID : SC10-LN1-001		FEC IDENTIFICATION NUMBER C C00555508	
LENDING INSTITUTION (LENDER) Full Name World Net Daily		Amount of Loan 10000		Interest Rate (APR) 0.00 %	
Mailing Address 14501 George Carter Way		Date Incurred or Established MM / DD / YYYY 02 / 10 / 2014		Date Due MM / DD / YYYY 12 / 31 / 2014	
City State Zip Code Chantilly VA 20151		Back Ref SC10-LN1			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred MM / DD / YYYY 02 / 10 / 2014					
B. If line of credit, Amount of this Draw: .00 Total Outstanding Balance: 10000.00					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the estimated value? _____ A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY Location of account: _____ Address: _____ City, State, Zip: _____					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Loan					
G. COMMITTEE TREASURER Typed Name Tom Freiling Signature _____				DATE MM / DD / YYYY 02 / 10 / 2014	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Tom Freiling Signature Tom Freiling				DATE MM / DD / YYYY 02 / 10 / 2014	
Title Treasurer					